Application Number: 10/719,066

Confirmation No. 9145

Applicant

: CARTER et al.

Filed

07-25-2005

: November 24, 2003

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Tech Center/AU

: 3738

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Examiner

: Stewart, Alvin J.

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T-521 P.001

Entitled

: STENT

Attorney Reference : 040046-0306195

Customer Number

: 00909

CERTIFICATION OF FACSIMILE TRANSMISSION <u>UNDER 37 C.F.R. §1.8</u>

I hereby certify that the following papers are being transmitted by facsimile to Examiner Alvin J. Stewart at the U.S. Patent and Trademark Office at 571-273-8300 on the date shown below:

- Fee Transmittal
- RCE
- Amendment
- Copy of PTO-1449 filed November 24, 2003

Respectfully submitted,

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Addendum

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appronations Act. 2005 (M.R. 4818)					Complete if Known			
				Application i		10/719,066		
FEE TRANSMITTAL for FY 2005				Faing Date		November 24, 2003		
				First Nameo	Inventor	FRANK CARTER		
				Examiner Na	me	Stewart, Alvin J.		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3738		
TOTAL AMOUNT OF PAYMENT (\$) 905			Attorney Doc	LET NO	040046-0306195			
METHOD OF PAYMENT (check all that apply)								
Cneck Creat Cara Heaney Orger None Other (please identify)								
X Deposit Account Deposit Account Deposit Account Name See 1 in Addendum								
Number. For the above-identified deposit account, the Director is hereby authorized to (oneck all shat apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the fixing fee								
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FEE CALCULATION	•							
1. Basic filing, se					-			
]	FILING F	Small Evrity	SEARC	H FEES Small Entity	EXAMIN	IATION FEES Small Emply		
Application Type	Fee (\$)	F=6 (\$)	Fee (\$)	Fee (\$)	Foc (\$)	Fro (5)	Fee Paig (S)	
- Uulny	300	100	500	250	200	700		
Design	200	100	100	50	130	65		
Ptent	200	100	300	150	160	80		
Relasue	300	150	500	250	600	300		
Provisional	200	100	٥	0	٥	٥		
2. EXCESS CLAIM FEES Ene Description Each claim over 20 or, for Reassues, each claim over 20 and more than in the original patient Each claim over 3 or, for Reassues, each claim over 20 and more than in the original patient Each independent claim over 3 or, for Reassues, each independent claim more than in the original patient Multiple dependent claims Small Entity Fee (3) 100 100 180								
39 ->30,01 mP = 1 MP = highest number of to Indep Claims 2 -3 or MP =	xal claims paid fo E <u>stra Claims</u> ·)	Fee (\$)	·	0.00 0.00 0.00	Mujupie Fee	Dependent Clain (\$) Fee	n <u>s</u> Palg (\$)	
## highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE # the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each adoptional 50 sneets or fraction thereof. See 35 U S C 41(a)(1)(G) and 37 CFR 1.15(s). Istal Sheets								
Omer RCE (\$395);							<u> 405.00</u>	
SWBMITTED BY								
Signature	Jear 1.	Karl	we	Registration No	44482	Теңер	nane 703905.2045	
Name (Pam/Type)	n P Decline			· · · · · · · · · · · · · · · · · · ·		Dm.	Luly 25, 2005	

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